

MULTI-ROBOT SYSTEMS WORKSHOP

March 17 – 19 2003

Naval Research Laboratory REGISTRATION FORM

Please complete and print out one form for each registrant. Return completed form by mail or fax (Fax preferred if paying by credit card) on or before Monday, February 15 to:

Fax: (202) 767-3172

Naval Research Laboratory
Attention: Michelle Caccivio, Code 5515
4555 Overlook Avenue, SW
Washington, DC 20375

General Information:

Please Type or Print Legibly.

Please Check One:

☐ Dr. ☐ Prof. ☐ Mr. ☐ Miss ☐ Ms. ☐ Mrs.

Last Name, First Name, MI: _____

Professional Affiliation: _____

Mailing address: _____

City: _____ State: _____

Country: _____ Zip /Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Citizenship: _____

If not U.S Citizen please include the following information:

Place of Birth: _____ Date of Birth: _____

Green Card: _____

Or

Passport #: _____

Place Issued: _____ Date Issued: _____

Special Dietary Needs (if any): _____

Are you a student: ☐ Yes ☐ No

Are you applying for student travel support: ☐ Yes ☐ No

If yes please supply the following information:

University: _____

Degree Status: _____

What kind of support will you need: ☐ Reduced Registration fee
☐ Travel Support
☐ Both

Student support is being granted on a first come first serve basis. You will be contacted at a later date to let you know the amount of support you have been granted.

Conference Registration Fee:

☐ Multi-Robot System Workshop Fee (on or before Monday, February 18) \$235.00

This fee includes Continental Breakfast, lunch and light snacks during each day of the workshop, and a reception on Tuesday evening, as well as the proceedings.

If you are traveling w/guests, they may attend the reception for a small fee

#_____ of guests x \$50= \$_____

Total Payment \$_____

Method of Payment

☐ Check or Bank Draft in US dollars (payable to *ITT Industries , 2560 Huntington Avenue, Alexandria, VA 22303-1410*)

☐ VISA ☐ MasterCard
Sorry, we cannot accept American Express or Diners Club.

Card No. _____ Expiration Date _____

Cardholders Name (as it appears on the card) _____

Issue Date (MasterCard only) _____

Signature (mandatory for credit card)
